

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155428	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/14/2014
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NAME OF PROVIDER OR SUPPLIER  MERIDIAN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 S MERIDIAN ST INDIANAPOLIS, IN 46225
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00141346.</p> <p>Complaint IN00141346 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey Dates: January 2, 3, 7, 8, 9, 10, 13, and 14, 2014</p> <p>Facility number: 000386 Provider number: 155428 AIM number: 100286820</p> <p>Survey team: Patti Allen, SW-TC Marcy Smith, RN</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicare: 07 Medicaid: 25 Other: 04 Total: 36</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>This plan of correction is to serve as Meridian</p> <p>Nursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does not</p> <p>constitute an admission by Meridian Nursing and Rehabilitation Center or its'</p> <p>management company that the allegations contained in the survey report are a</p> <p>true and accurate portrayal of the provision of nursing care and other services</p> <p>in this facility. Nor does this</p> <p>submission constitute an agreement or admission of the survey allegations.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000223 SS=A	<p>Quality review completed on January 23, 2014; by Kimberly Perigo, RN.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on observation, interview, and record review, the facility failed to ensure residents were free from staff to resident abuse for 1 of 2 residents reviewed for abuse in a sample of 2 residents who met the criteria for abuse. (Resident # 18.) (C.N.A. #2)</p> <p>Findings Include:  On 1/10/14 at 8:30 a.m., the Health Care Facility Administrator indicated an incident had occurred on 1/9/14, on the night shift, in a resident's</p>	F000223	<p>THE FACILITY IS IN COMPLIANCE 2-13-14 AND RESPECTFULLY REQUEST PAPER REVIEW.</p> <p>This plan of correction is to serve as Meridian</p>	02/13/2014
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	<p>room, involving Resident #18 and Certified Nursing Assistant (CNA #2).</p> <p>Review on 1/10/14 at 10:30 a.m., of facility documentation dated on 1/10/14, indicated "Resident #18 reported to CNA #1 that CNA #2 had grabbed the resident's clothes she was wearing and stated, 'come on let's get changed so I can go home.' Resident #18 told CNA #1, with CNA #2 present, that CNA #2 (by pointing at CNA #2) had hit her, grabbed her by her arms, and was pushing down on them. Resident #18 said she told CNA #2 that hurt, but she did not stop. Resident #18 told LPN #1 that she, 'felt like she was in a wrestling match this morning, the lady was a little rough with me this morning when getting up, but she was tired.' Resident #18 told Social Service Director (SSD), '____ [Name CNA #2] handled me roughly, She took my arms roughly and shook me.' " Immediate action was taken by the facility, C.N.A. #2 was suspended pending the investigation.</p> <p>The facility had done a head to toe assessment and no injuries were noted.</p> <p>Review of facility documentation on</p>		<p>Nursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does not</p> <p>constitute an admission by Meridian Nursing and Rehabilitation Center or its'</p> <p>management company that the</p>		

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	<p>1/13/14 at 1:00 p.m., after investigation the result was that the CNA #2 was found to have been inappropriate with Resident #18 and CNA #2's employee was termed.</p> <p>Resident #18's clinical record was reviewed on 1/14/14. Diagnoses included, but were not limited to schizophrenia, osteoarthritis, and debilitation.</p> <p>A Quarterly MDS (Minimum Data Set) assessment dated 10/02/13, indicated Resident #18 had a BIMS (Brief Interview for Mental Status) score of 11 out of a possible 15 points, indicating Resident #18 was interviewable.</p> <p>During an interview with Resident #18 on 1/14/14 at 3:30 p.m., Resident #18 indicated she was handle roughly, pushed and pulled to hard, but I told the other girls and they took care of it. She indicated she had not seen the C.N.A. since.</p> <p>On 1/2/14 at 4:00 p.m., the Health Care Facility Administrator provided a facility policy entitled, Abuse Prevention. The policy indicated, "It is the policy of Meridian Healthcare to keep its residents free from abuse, neglect... In the event of an</p>		<p>allegations contained in the survey report are a</p> <p>true and accurate portrayal of the provision of nursing care and other services</p> <p>in this facility. Nor does this</p> <p>submission constitute an agreement or admission of the survey allegations.</p>		

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	<p>incident the following procedure will be followed."</p> <p>The facility followed their policy and procedure in that they immediately started to investigate the alleged allegations by suspending employee pending investigation. The resident's statement obtained with QIS questions ask of all residents, the employee's statements obtained, Indianapolis Metropolitan Police Department notified, Physician notified, Indiana State Department of Health, Ombudsman, and Adult Protection Services notified.</p> <p>Review of C.N.A. #2 employee record on 1/7/14, C.N.A. #2 had a start date of 12/10/13 with C.N.A. certificate in good standing with expiration date May 6,2015, criminal check of 11/21/13, and reference checks dated 11/25/13, with signed documentation of receiving resident rights, resident abuse in-service on reporting a reasonable suspicion of a crime against a resident. On 1/13/14 at 1:00 p.m. Facility provided documentation that the employee acted inappropriately with a resident, after investigation, and employee terminated. T</p> <p>On 1/13/14 the Administrator</p>		<p>THE FACILITY IS IN COMPLIANCE (2-14-13) AND RESPECTFULLY REQUEST PAPER</p> <p>REVIEW.</p> <p>A. 1 resident was affectedB. All residents had the potential to be affected, after questioning of residents using CMS questions no other residents were identified as being affected.C. Employee in question was terminated, all employees were in-serviced on abuse and neglect including signs and symptoms and the proper way to respond and report D. Administrator and DNS will schedule education on abuse and neglect quarterly times one year and two times yearly and as needed from that point forward. Residents will be asked CMS questions on abuse and neglect monthly times four months and quarterly thereafter. QA committee will review all abuse allegations going</p>	

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	<p>provided documentation of what they would provide for staff. The facility will be providing All Staff Mandatory In-service on abuse and neglect Thursday 1/23/14 at 9:30 AM. Night shift will be in-serviced with all staff on abuse and neglect by 1/31/14. DON and HFA will interview night shift staff one time per week for four weeks beginning 1/13/14 and ending 2/3/14 to discuss any stressors, concerns, or challenges they may have. Abuse and neglect in-service will be held quarterly in 2014 with employees required to complete a post test.</p> <p>3.1-27(a)(l)</p>		forward.E. by February 13, 2014	

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F000278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on record review and interview, the facility failed to ensure the assessment accurately reflected, upon admission, a resident's hand contractures, for 1 of 24 residents reviewed for having accurate comprehensive assessments in a sample of 24. (Resident #10)</p>	F000278	<p>This plan of correction is to serve as</p> <p>Meridian Nursing and Rehabilitation Centers' credible allegation of compliance.</p>	02/13/2014	

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	<p>Findings include:</p> <p>The clinical record of Resident #10 was reviewed on 1/9/14 at 4:00 p.m.</p> <p>Diagnoses for Resident #10 included, but were not limited to, Huntington's disease and dementia.</p> <p>Resident #10 was admitted to the facility on 7/29/13. An admission Minimum Data Set (MDS) assessment, dated 8/8/13, indicated she had no impairment to her upper or lower extremities, bilaterally (both sides).</p> <p>A nursing admission assessment, dated 7/29/13, indicated Resident #10 had bilateral hand contractures (fibrosis of tissue that prevents normal joint mobility).</p> <p>A physician's History and Physical initial exam, dated 7/31/13, indicated Resident #10 had contractures of her extremities.</p> <p>An Occupational Therapy evaluation, dated 7/31/13, indicated Resident #10 had hand contractures.</p> <p>A range of motion plan of care, to</p>		<p>Submission of this plan of correction does not constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>THE FACILITY IS IN COMPLIANCE 2-13-14 AND RESPECTFULLY REQUEST PAPER REVIEW.</p>		

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	<p>prevent further contracting of Resident #10's hands, was not found in the resident's clinical record. On 1/14/14 at 10:47 a.m., the Director of Nursing indicated a care plan had not been written for this resident's hand contractures.</p> <p>During an interview with the MDS Coordinator on 1/14/14 at 9:50 a.m., she indicated, "I coded it wrong." She indicated, at that time, if she had assessed and coded Resident #10's hand contractures accurately, a care plan would have been initiated.</p> <p>3.1-31(d)</p>		<p>F278 Assessment and accuracy/coordination/certified.</p> <p>A. The most recent MDS was modified to show contractures on resident #10. Care plan updated to show range of motion requirements to prevent further contracture of residents' hands.</p> <p>B. All MDS assessments on</p>	

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			<p>residents with contractures have been reviewed for accuracy. No further discrepancies in coding on those</p> <p>residents were found. All care plans for range of motion</p> <p>requirements were reviewed and found to be accurate for all residents with contractures.</p> <p>C. The MDS coordinator was in-serviced</p> <p>on the proper process of reading nursing assessments, and nurses notes as well</p> <p>as visual assessment of each resident during the assessment period to provide</p> <p>accurate information on each MDS. MDS coordinator was in-serviced on the</p> <p>importance of updating care plans in relation to range of motion for each</p> <p>resident with contractures.</p>	

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			<p>D Director of Nursing or Designee</p> <p>will audit each assessment and care plan prior to submission for accuracy for 4</p> <p>weeks and then review 2 assessments per week times 2 full quarters to ensure</p> <p>compliance is maintained.</p> <p>E Date of completion February 13, 2014</p>	

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F000279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, record review, and interview, the facility failed to ensure care plans for contractures and lap tray usage (Resident #3) and failed to ensure care plans for contractures, lap tray usage, and activity preferences (Resident #10) were developed which included specific services to be provided to enable residents to reach their highest level of functioning and or well being for 2 of 24 residents reviewed for care plan</p>	F000279	<p>This plan of correction is to serve as</p> <p>Meridian Nursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does not</p>	02/13/2014	

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	<p>development. (Residents #10 and #3)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #3 was reviewed on 1/3/14 at 2:03 p.m.</p> <p>Diagnoses for Resident #3 included, but were not limited to abnormal posture, infantile cerebral palsy, and profound intellectual disability. She was admitted to the facility on 10/29/12.</p> <p>a. An annual Minimum Data Set (MDS) assessment, dated 12/23/13, indicated Resident #3 had functional limitation of her lower extremities. The MDS indicated her cognitive status was severely impaired.</p> <p>During an interview with the MDS coordinator on 1/7/14 at 11:31 a.m., she indicated Resident #3 had contractures (fibrosis of tissue that prevents normal joint mobility) in both of her lower extremities. She indicated, at that time, the resident did not use splints or receive any range of motion exercises to prevent increased contractures.</p> <p>A care plan for Resident #3 dated 2/11/13 and current through 3/21/14,</p>		<p>constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>THE FACILITY IS IN COMPLIANCE 2-13-14 AND RESPECTFULLY REQUEST PAPER REVIEW.</p>		

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	<p>indicated she had an alteration in her musculoskeletal status due to abnormal posture. The goal for this problem was the resident would remain free of complications...such as contracture formation. Interventions included, "Anticipate and meet needs... Monitor/document for risk of falls..."</p> <p>No care plan with a focus on contractures was found in the resident's clinical record. No interventions to be provided, for preventing further contractures, were found in the resident's care plans.</p> <p>During an interview with the Certified Occupational Therapy Assistant on 1/13/14 at 3:35 p.m., he indicated they were unable to use splints on Resident #3's lower extremities, due to the type of wheelchair she used.</p> <p>During an interview with the Administrator on 1/13/14 at 3:30 p.m., she indicated Resident #3 was not receiving passive range of motion exercises (exercise of joint by staff) from restorative nursing. She indicated, at that time, she had spoken with therapy to see about initiating passive range of motion exercises for the resident's lower</p>		<p>F279 Develop Comprehensive Care Plans</p> <p>Care plan for contractures and use of lap tray were initiated to include interventions for prevention of further contractures for resident #3. Care plan for preventing further contractures and use of a lap tray were implemented for resident #10. Resident #10 care plan was updated with specific 1:1 activities.</p>	

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	<p>extremities to try to prevent further contracture.</p> <p>b. A care plan for Resident #3, dated 2/11/13 and current through 4/10/14, indicated she used physical restraints in the form of a lap tray placed on her wheel chair.</p> <p>A consent for the restraint/lap tray, which included potential benefits and risks, was signed by Resident #3's power of attorney (her mother), at the time of her admission. Potential risks for restraint use included pressure sores, loss of muscle tone, contractures, accidental injury, incontinence, loss of decline in independent mobility, and symptoms of depression.</p> <p>The care plan for restraints indicated, "Goal: The resident will remain free of complications related to restraint use, including contractures, skin breakdown, altered mental status, isolation or withdrawal..." Interventions included, " Ensure the resident is positioned correctly with proper body alignment while restrained, Ensure valid consent on chart prior to initiating restraint, Monitor/document/report to MD [medical doctor] [as needed]"</p>		<p>All</p> <p>residents with contractures care plans were updated to include interventions to</p> <p>prevent further contractures. Residents</p> <p>using a restraint were reviewed and their plans of care were found to be</p> <p>sufficient. All residents receiving 1:1</p> <p>activities were reviewed for resident specific 1:1 activities choices and no</p> <p>additional irregularities were identified.</p> <p>The</p> <p>MDS coordinator was educated on the proper care planning of use of restraints</p> <p>and contractures and the importance of resident specific interventions. The</p> <p>Activity Director was educated on care planning resident</p>		

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	<p>changes regarding effectiveness of restraint, less restrictive device, if appropriate; any negative or adverse effects noted, including: decline in mood, change in behavior, decrease in [activities of daily living] self performance, decline in cognitive ability or communication, contracture formation, skin breakdown..."</p> <p>No specific interventions were found in Resident #3's restraint care plan, which indicated how the facility planned to prevent the occurrence of the potential adverse risks/complications outlined in the care plan goal and on the consent form.</p> <p>Further information was requested from the Administrator on 1/14/14 at 12:25 p.m., regarding what specific interventions were part of Resident #3's care which would prevent the occurrence of the potential adverse consequences of restraint/lap tray use. No further information was provided.</p> <p>A facility policy, dated 8/2008, received from the Administrator on 1/10/14 at 2:10 p.m., titled, "Physical Restraint Management Policy," indicated, "...5. Each resident</p>		<p>appropriate specific</p> <p>1:1 activities for each resident receiving 1:1 activities according to their interests.</p> <p>D. The Director of Nursing or designee will review care plans of residents with contractures or restraints</p> <p>weekly times 4 weeks and then monthly thereafter until QA Committee determines</p> <p>proper standards have been met. Administrator or designee will audit care plans</p> <p>of all 1:1 activity participants weekly times 4 weeks and then monthly for 5</p> <p>months to ensure compliance is maintained.</p> <p>Results will be reviewed by the QA Committee to ensure compliance on a</p> <p>quarterly basis.</p>		

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	<p>requiring the use of physical restraints shall have a care plan in place addressing potential negative outcomes due to restraint use and interventions to reduce negative outcomes and promote highest practicable physical, mental and psychosocial function."</p> <p>2. The clinical record of Resident #10 was reviewed on 1/9/14 at 4:00 p.m.</p> <p>Diagnoses for Resident #10 included, but were not limited to, Huntington's disease and dementia.</p> <p>Resident #10 was admitted to the facility on 7/29/13. An admission Minimum Data Set (MDS) assessment, dated 8/8/13, indicated her cognitive status was severely impaired.</p> <p>a. A nursing admission assessment, dated 7/29/13, indicated Resident #10 had bilateral (both) hand contractures (fibrosis of tissue that prevents normal joint mobility).</p> <p>A physician's History and Physical initial exam, dated 7/31/13, indicated Resident #10 had contractures of her extremities.</p>		Date of completion by February 13, 2014	

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	<p>An Occupational Therapy evaluation, dated 7/31/13, indicated Resident #10 had hand contractures.</p> <p>No care plan for contractures was found in the resident's record.</p> <p>During an interview with the Director of Nursing on 1/14/14 at 10:47 a.m., she indicated Resident #10 did not have a care plan for contractures.</p> <p>b. During an observation on 1/8/14 at 10:00 a.m., Resident #10 was observed up in a wheelchair with a lap tray in place.</p> <p>On 7/29/13, a consent was signed by the resident's guardian which indicated she could have a restraint in the form of a lap tray.</p> <p>No care plan was found in Resident #10's record for her use of the lap tray restraint. Further information regarding a restraint care plan for this resident was requested from the Administrator on 1/14/14 at 12:25 p.m. At that time, a restraint care plan was initiated for the resident. The care plan did not contain any specific interventions the facility would use to prevent the potential occurrence of adverse side effects,</p>						

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	<p>which could be caused by the use of a restraint.</p> <p>c. Resident #10's cognitive status was severely impaired, as indicated by her admission Minimum Data Set (MDS) assessment dated 7/29/14. Her record indicated she had a guardian. No family members were listed on her face sheet.</p> <p>An activity progress note, dated 7/31/13, indicated she was unable to communicate.</p> <p>An activity care plan for Resident #10, initiated 8/13/13 and current through 1/12/14, indicated a problem of, "The resident has little or no activity involvement [related to] Huntington's disease and inability to communicate." The goal was for the resident to be on 1 on 1 activities 2 times a week for 30 minutes each. Interventions included, "Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary, the resident needs assistance/escort activity functions."</p> <p>Her One on One Activity log from 8/10/13 through 1/9/14, indicated the</p>						

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F000282 SS=D	<p>following activities had occurred during her 2 times per week 1 on 1 sessions: conversation, talking, reading book, lotion on hands, and coffee. The log indicated the resident liked these activities. The care plan did not indicate what specific 1 on 1 activities the facility would engage in with the resident.</p> <p>3.1-35(a) 3.1-35(b)(1)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to consistently complete pre and post dialysis assessments, according to a resident's plan of care, for 1 resident reviewed for dialysis care. (Resident #31)</p> <p>Findings include:</p> <p>The clinical record for Resident #31 was reviewed on 1/13/14 at 8:49 a.m.</p>	F000282		02/13/2014

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	<p>Diagnoses for Resident #31 included, but were not limited to, end stage renal disease.</p> <p>A care plan for Resident #31, dated 9/6/13 and current through 3/30/14, indicated, "The resident needs dialysis and has treatment 3 [times] per week via fistula [right] arm [related to] renal failure." The goal was, "The resident will have immediate intervention should any [signs/symptoms] of complications from dialysis occur..." Interventions included, "...Monitor/document, report to MD [medical doctor] [as needed] any [signs/symptoms] to access site: Redness, Swelling, warmth or drainage, Monitor/document for peripheral edema, Monitor/document/report to MD [as needed] for [signs/symptoms] of renal insufficiency, changes in level of consciousness, changes in skin turgor oral mucosa, changes in heart and lung sounds."</p> <p>During an interview with the Director of Nursing on 1/13/13 at 9:58 a.m., she indicated nurses should check access site for signs and symptoms of infection infection, bleeding, redness, warmth and swelling, and</p>			

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	<p>complete the Dialysis Assessment sheets before the resident goes to dialysis and after they return to the facility after dialysis, as the resident's care plan indicated.</p> <p>Review of "Dialysis Assessments" from 11/2/13 thru 12/26/13 for Resident #31, indicated the following:</p> <p>Before dialysis assessments were not completed on 11/9, 11/14, 11/23, and 12/3, 2013.</p> <p>After dialysis assessments were not completed on 11/12, 11/16, 11/21, 11/25, 11/27, 11/30, 12/5, 12/17, 12/19, and 12/23, 2013.</p> <p>The Director of Nursing indicated on 1/13/13 at 9:58 a.m., the above before and after dialysis assessments should have been completed by the nurses.</p> <p>3.1-35(g)(2)</p>		<p>This plan of correction is to serve as</p> <p>Meridian Nursing and Rehabilitation Centers' credible allegation of compliance.</p>	

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			Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services		

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			<p>in this facility. Nor does this</p> <p>submission constitute an agreement or admission of the survey allegations.</p>	

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			THE FACILITY IS IN COMPLIANCE 2-13-14 AND	

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			RESPECTFULLY REQUEST PAPER REVIEW.	

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			<p>assessed q shift for signs/symptoms of complications of access site or general</p> <p>complications per MD order, and order was transcribed to the TAR for nurses to</p>	

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			complete and document q shift.	

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			B. All residents receiving dialysis	



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155428	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/14/2014
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			<p>site or general complications per MD order, and order was transcribed to the</p> <p>TAR for nurses to complete and document q shift</p>	

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			<p>assessments on each resident before and after dialysis treatment, and</p> <p>assessment of access site q shift to monitor for any possible complications.</p>	

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			<p>assessment on access site is completed q shift, and before and after dialysis</p> <p>treatment x 4 weeks and then monthly thereafter for a minimum of 5 months. Results will be forwarded to and reviewed by</p>	

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			QA Committee to ensure standards have been met	

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			E.by February 13, 2014	

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F000318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on record review and interview, the failed to ensure a resident with bilateral lower leg contractures received treatment and services to prevent further decrease in range of motion for 1 of 3 residents reviewed for range of motion in a sample of 8 who met the criteria for range of motion review. (Resident #3)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #3 was reviewed on 1/3/14 at 2:03 p.m.</p> <p>Diagnoses for Resident #3 included, but were not limited to, abnormal</p>	F000318	<p>This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission</p> <p>by Meridian Nursing and Rehabilitation Center or its' management company that</p>	02/13/2014

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	<p>posture, infantile cerebral palsy, and profound intellectual disability. She was admitted to the facility on 10/29/12.</p> <p>a. An annual Minimum Data Set (MDS) assessment, dated 12/23/13, indicated Resident #3 had functional limitation of her lower extremities. The assessment indicated her cognitive status was severely impaired.</p> <p>During an interview with the MDS coordinator on 1/7/14 at 11:31 a.m., she indicated Resident #3 had contractures (fibrosis of tissue that prevents normal joint mobility) in both of her lower extremities. She indicated, at that time, the resident did not use splints or receive any range of motion exercises to prevent increased contractures.</p> <p>A care plan for Resident #3, dated 2/11/13 and current through 3/21/14, indicated she had an alteration in her musculoskeletal status due to abnormal posture. The goal for this problem was the resident would remain free of complications...such as contracture formation. Interventions included, "Anticipate and meet needs...Monitor/document for risk of falls..."</p>		<p>the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>THE FACILITY IS IN COMPLIANCE 2-13-14 AND RESPECTFULLY REQUEST PAPER REVIEW.</p>		

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	<p>No care plan with a focus on contractures or range of motion was found in the resident's clinical record. No interventions to be provided for preventing further contractures were found in the resident's care plans.</p> <p>During an interview with the Certified Occupational Therapy Assistant on 1/13/14 at 3:35 p.m., he indicated they were unable to use splints on Resident #3's lower extremities due to the type of wheelchair she used.</p> <p>During an interview with the Administrator on 1/13/14 at 3:30 p.m., she indicated Resident #3 was not receiving passive range of motion exercises (joint exercises performed by staff) from restorative nursing. She indicated, at that time, she had spoken with therapy to see about initiating passive range of motion exercises for the resident's lower extremities, to try to prevent further contracture.</p> <p>3.1-42(a)(2)</p>		<p>F318 Increase/Prevent Decrease in range of Motion</p> <p>A. A Care plan for resident #3 was initiated to show interventions for contracture prevention and use of range of motion.</p> <p>Resident #3 was screened by therapy services to assist in locating proper range of motion activities for this resident.</p> <p>B All residents with contractures were reviewed, and no other residents were found to be affected.</p>		

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			<p>C MDS coordinator was educated on proper care planning of contractures as well as expectation to make referral to therapy for screening.</p> <p>D Director of Nursing or Designee will audit records of all residents with contractures to ensure care plans are in place weekly times 4 weeks and then monthly for 5 months thereafter. Results will be reviewed by QA Committee to ensure compliance.</p>	

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F000458 SS=E	<p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. Based on record review, observation, and interview, the facility failed to provide at least 80 square feet (sq ft) per resident in multiple resident rooms. This was evidenced in 2 of 20 resident rooms in the facility. (Rooms 9 and 10)</p> <p>Finding include:</p> <p>Facility documentation of room size dated 11/29/11, and provided by the Administrator on 1/2/14 at 4:00 p.m., indicated the following room sizes of observed rooms:</p> <ol style="list-style-type: none"> <li>1. Room #9 - 3 beds 236" x 135" SNF/NF 73.75 sq ft per resident</li> <li>2. Room #10 - 3 beds 236" x 135"</li> </ol>	F000458	<p>E by February 13, 2014</p> <p>This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission</p> <p>by Meridian Nursing and Rehabilitation Center or its' management company that</p> <p>the allegations contained in the</p>	02/13/2014



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			<p>Bedrooms measure at least 80Sq ft/ resident</p> <p>Room</p> <p>waiver was requested in Jan 2011 and requested again during annual survey 2014</p> <p>for rooms 9 and 10 which do not meet the minimum square footage requirements.</p> <p>B. 6 residents have the potential to be affected.</p> <p>C. Measurements are available for these rooms at all times.</p>		

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on record review,</p>	F000514	<p>D. Obtaining the room waiver from  ISDH will show compliance in this area. Room waiver will be requested annually.</p> <p>E. by February 13, 2014</p>	02/13/2014

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	<p>observation, and interview, the facility failed to ensure a residents record was accurately and completely documented regarding the deterioration of a pressure ulcer for 1 of 24 residents reviewed for accurate documentation. (Resident #47)</p> <p>Findings include:</p> <p>The clinical record of Resident #47 was reviewed on 1/10/14 at 10:49 a.m.</p> <p>Diagnoses for Resident #47 included, but were not limited to, cirrhosis and Stage 3 pressure ulcer. A Stage 3 pressure ulcer indicates a full thickness tissue loss.</p> <p>Resident #47 was admitted to the facility on 9/27/13 with a Stage 3 pressure ulcer over his right ischium. (the lower, back part of the hip bone) Measurement of this pressure on admission indicated it was 8.0 centimeters (cm) by 2.0 cm. by 0.2 cm. Review of the resident's wound sheets indicated this Stage 3 pressure ulcer over the right ischium was treated by the facility, and measured weekly. A measurement dated 12/31/13 indicated the area had decreased in size to 0.8 cm. by</p>		<p>This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey</p>				

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	<p>0.2 cm. by less than 0.1 cm.</p> <p>A recapitulated physician's order for January, 2014, with an original order date of 12/3/13, indicated Resident #47 was to have daily dressing changes of cleaning the wound with normal saline, patting dry and applying Bactroban nasal 2% ointment to pressure wound on right ischium until healed. Prior to this, the the wound was being treated with Solosite wound gel, but this treatment was stopped on 12/3/13.</p> <p>On 1/8/14, the wound sheet indicated Resident #47's Stage 3 pressure ulcer over the right ischium had increased in size to 3.5 cm. by 2.7 cm. by &lt;0.1 cm. The wound sheet indicated the wound had "deteriorated." The physician, dietary, and responsible party was notified and the care plan updated. The wound sheet indicated as a cause, "non-compliance [with] [dressing]." Current treatment was "wound gel."</p> <p>No documentation was found in the resident's record, which indicated the physician wished to continue the current treatment of Bactroban ointment and or change the treatment, after being notified of the</p>		<p>allegations.</p> <p>THE FACILITY IS IN COMPLIANCE 2-13-14 AND RESPECTFULLY REQUEST PAPER REVIEW.</p> <p>F 514 Resident records-complete/accurate and accessible</p>		

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	<p>wounds deterioration.</p> <p>During a telephone interview with the wound nurse/MDS nurse on 1/13/14 at 4:15 p.m., she indicated her documentation on 1/8/14, regarding the resident's current treatment was an error. She indicated the resident's stage 3 pressure ulcer over his right ischium was still being treated with Bactroban ointment.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>		<p>A. Resident</p> <p>#47 wound treatment orders have been reviewed and verified with the MD being correct.</p> <p>B. All residents with wounds were reassessed and all treatment orders including plan of care were reviewed and verified with the MD. All were determined to be accurate.</p> <p>C.MDS</p> <p>coordinator/wound nurse was re-educated on the importance of reporting an increase in wound size to the Director of Nursing and MD, and on the importance of recording communication with the MD to include proper transcription of MD orders on residents with deterioration of wound areas in</p>	
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			<p>the medical record.</p> <p>D. Director</p> <p>of Nursing will review wound report weekly times 4 weeks then monthly for 5</p> <p>months. Findings will be reviewed by QA</p> <p>Committee quarterly to ensure compliance is maintained. In addition, Director of nursing will</p> <p>validate MD notification of changes in all resident wounds to ensure proper</p> <p>documentation and transcription of treatment orders weekly times 4 weeks and</p> <p>then monthly for 5 months thereafter. Findings will be reviewed quarterly by QA</p> <p>Committee to ensure compliance.</p> <p>E. February</p> <p>13, 2014</p>	

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NAME OF PROVIDER OR SUPPLIER  MERIDIAN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 S MERIDIAN ST INDIANAPOLIS, IN 46225
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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